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PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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INDICATION FORM**

Application Number	10/803,134
Filing Date	03-17-2004
First Named Inventor	James Campos
Title	RESONANT MUSCLE STIMULATOR
Art Unit	3766
Examiner Name	SCHAETZLE, KENNEDY
Attorney Docket Number	071855-00006

I hereby revoke all previous powers of attorney given in the above-identified application.

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			Date	1/4/08
Name	Bruce D. Rowe		Telephone	910-784-4887
Title and Company	President, Therapeutic Innovations, Inc.			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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